

NATIONAL AUTHORITY OF MEDICALLY ASSISTED HUMAN REPRODUCTION
WRITTEN CONSENT FOR GENETIC MATERIAL CRYOPRESERVATION AND STORAGE

(CITY)...../.../...

To Assisted Reproduction Unit.....

The below signers

.....

Mrs.....Father's name.....Identity Card Number.....or/and

Mr.....Father's name.....Identity Card Number.....

We certify that we have been informed in depth, by the scientific staff of the Unit and we have fully understood the procedure, the terms, the alternatives, the expected results, according to the experience of the Unit, as far as our case is concerned, the potential risks, the ethical, social, legal and economic effects of the chosen procedure. Furthermore, we certify that our questions have been answered and we know that if any other questions emerge, we have the option to apply to the Unit again.

After all these we consent to the cryopreservation and storage into the Unit's bank of:

(please underline your choice)

- A.Embryos
- B.Semen
- C.Oocytes
- D.Testicular tissue
- E.Blastocysts

Signatures

The wife

The husband

Note: In case of cohabitant partners, or single woman, this consent is provided with notary document.